

CLAIMS ONLY						Application Number <i>10/707225</i>	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
<i>12-22-09</i>							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1			/				51
2			/				52
3			/				53
4			/				54
5							55
6			/				56
7			/				57
8			/				58
9							59
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42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
Total Indep			/				Total Indep
Total Depend			7				Total Depend
Total Claims			8				Total Claims